

Welch Allyn ABPM

REIMBURSEMENT INFORMATION



CPT® CODING OPTIONS FOR AMBULATORY BLOOD PRESSURE MONITORING

Code ¹	Description	Medicare 2007 Fee Schedule (National Average) ²
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report.	\$72.38
93786	Recording only	\$34.49
93788	Scanning analysis with report	\$19.71
93790	Physician review with interpretation and report	\$18.19

MEDICARE Medicare has instituted a National Coverage Determination (NCD) outlining coverage guidelines for ambulatory blood pressure monitoring (ABPM) for Medicare beneficiaries.

ABPM is covered only for those patients with suspected white coat hypertension. White coat hypertension is defined as a condition in which the physician suspects the patient has higher blood pressure during a physician office visit than during daily life due to anxiety or other factors the patient experiences in the office.

The clinical criteria for white coat hypertension are defined as:³

- Office blood pressure greater than 140/90 mmHg on at least three separate clinic/office visits with two separate measurements made at each visit;
- At least two documented blood pressure measurements taken outside the office which are less than 140/90 mmHg; and
- No evidence of end-organ damage

In addition to the above criteria, ABPM must be performed for a period of at least 24 hours to be eligible for Medicare reimbursement.

PRIVATE PAYERS ABPM may be covered by private payers for suspected white coat hypertension meeting similar clinical criteria as defined by Medicare. Some private payer plans may also cover ABPM for additional clinical indications, possibly including but not necessarily limited to the following:

- Resistant hypertension (little prior response to hypertension medications)
- Evaluation of hypotensive symptoms as a response to hypertension medications
- Nocturnal angina
- Episodic hypertension
- Evaluation of syncope (in conjunction with a Holter monitor to test for arrhythmia)

Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for ABPM or may call the Support Line for assistance.

MEDICAID ABPM may be covered by Medicaid programs for suspected white coat hypertension meeting similar clinical criteria as defined by Medicare. Coverage guidelines and payment levels vary by Medicaid program. Payment for CPT[®] code 93784 generally falls in the range of \$20 to \$30.

Providers should contact their state Medicaid program to determine coverage and payment for ABPM or may call the Support Line for assistance.

OTHER CONSIDERATIONS

- Include documentation in the patient's records to indicate medical necessity for a separate service, including:
 - Reason for patient encounter
 - Patient symptoms
 - Who performs the service
 - Time and effort spent in performing procedure
 - Results of the ABPM services provided
- Confirm that proper ICD-9-CM diagnosis codes are reported to justify medical necessity of ABPM.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses, or specialty provider types.

Be sure to confirm the requirements and specific coding, coverage, medical necessity, and reimbursement guidelines of the payer you are billing before submitting claims by reviewing your managed care contracts, consulting the *Physicians' Current Procedural Terminology, Fourth Edition (CPT-4)* or *The Federal Register*, or contacting provider services.

Please visit our website at <http://welchallyn.com/support/customer/service-guarantee.htm> for additional reimbursement support, a list of frequently asked questions and brochures.

And for additional product information, please call the **Welch Allyn Customer Care Line at 1.800.535.6663 Monday through Friday, 9 AM to 5 PM EST.**

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¹Current Procedural Terminology (CPT), Fourth Edition, 2007. American Medical Association, 2006. All rights reserved.

²2007 National Average Medicare Physician Fee Schedule Amounts: 71 Fed. Reg. 69624-70251 (2006) (to be codified at 42 CFR § 405, 410, et al).

³Centers for Medicare and Medicaid Services. NCD for Ambulatory Blood Pressure Monitoring (50-42). Effective Date 7/1/03.

For reference only. Information does not constitute a guarantee of coverage or payment.